



PPP / EIDL Programs

The Application Process

PPP / EIDL PROGRAMS – HOW TO APPLY

PPP vs. EIDL – Which Is “Right” For You?

PPP (Payroll Protection Program) – The loan amount and forgiveness (“grant”) portion are payroll driven. The repayment term for the resulting loan is 2 years (maximum). Reductions in the number of FTE’s or payroll level reduce your forgiveness. You apply through a local participating lender.

EIDL (Economic Injury Disaster Loan) – The loan amount is “economic injury” driven. The forgiveness is calculated at \$1,000 per employee to a maximum of \$10,000. The repayment term for the resulting loan is up to 30 years. You apply directly through the SBA <https://www.sba.gov/>

You Can Do Both (*but you can’t “double dip” on forgiveness*).

It’s important that business owners understand the differences between the two programs and decide which is best for you. Here are links to two fairly well done comparisons.

<https://www.nfib.com/assets/Small-Business-Loans-Side-by-Side.pdf>

<https://www.krostcpas.com/news/the-economic-injury-disaster-loan-eidl-program-vs-the-paycheck-protection-program-ppp>

PPP / EIDL PROGRAMS – HOW TO APPLY

Link To SBA PPP Guidance – Latest Interim Final Rule – April 20, 2020

<https://home.treasury.gov/system/files/136/Interim-Final-Rule-Additional-Eligibility-Criteria-and-Requirements-for-Certain-Pledges-of-Loans.pdf>

There's a "Q & A" section at the end of the Interim Rule that is fairly comprehensive.

PPP / EIDL PROGRAMS – HOW TO APPLY

In order to apply for an EIDL, you'll need the following information available:

- An income statement for the period 02-01-2019 through 1-31-2020. If an income statement for this period is not available, a calendar year 2019 income state or tax return is acceptable.
- The names, mobile phone number, title, email address, ownership percentage, social security number, date of birth, place of birth, citizenship and address of all owners of your business.
- Your bank name, routing number and account number.
- The date your business was established, date that the current owner(s) took ownership of the business and entity type (for example; corporation, sole proprietorship, s corporation, llc or partnership).

The application is relatively brief and straightforward. If you have the preceding information available, it should take less than 60 minutes to complete.

The application can be found at either sba.gov (follow the links) or <https://covid19relief.sba.gov/#/>

Let's Review On "On-Screen" Loan EIDL Application.

PPP / EIDL PROGRAMS – HOW TO APPLY



OMB Control #3245-0406
Expiration Date: 09/30/2020

Disaster Loan Assistance

Federal Disaster Loans for Businesses, Private Non-profits, Homeowners and Renters

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION



This rectangle indicates the page of the SBA application. The RED notes in this document will not appear on the SBA website.

STREAMLINED PROCESS REQUIREMENTS

SBA is collecting the requested information in order to make a loan under SBA's Economic Injury Disaster Loan Program to the qualified entities listed in this application that are impacted by the Coronavirus (COVID-19). The information will be used in determining whether the applicant is eligible for an economic injury loan. If you do not submit all the information requested, your loan cannot be fully processed.

The Applicant understands that the SBA is relying upon the self-certifications contained in this application to verify that the Applicant is an eligible entity to receive the advance, and that the Applicant is providing this self-certification under penalty of perjury pursuant to 28 U.S.C. 1746 for verification purposes.

The estimated time for completing this entire application is two hours and ten minutes, although you may not need to complete all parts. You are not required to respond to this collection of information unless it displays a currently valid OMB approval number.

ELIGIBLE ENTITY VERIFICATION

Choose One:

☒ Applicant is a business with not more than 500 employees.

Applicant is an individual who operates under a sole proprietorship, with or without employees, or as an independent contractor.

Applicant is a cooperative with not more than 500 employees.

Applicant is an Employee Stock Ownership Plan (ESOP), as defined in 15 U.S.C. 632, with not more than 500 employees.

Applicant is a tribal small business concern, as described in 15 U.S.C. 657a(b)(2)(C), with not more than 500 employees.

Applicant is a business, including an agricultural cooperative, aquaculture enterprise, nursery, or producer cooperative, that is small under SBA Size Standards found at <https://www.sba.gov/size-standards> (<https://www.sba.gov/size-standards>).

Applicant is a business with more than 500 employees that is small under SBA Size Standards found at <https://www.sba.gov/size-standards> (<https://www.sba.gov/size-standards>).

Applicant is a private non-profit organization that is a non-governmental agency or entity that currently has an effective ruling letter from the IRS granting tax exemption under sections 501(c)(3), (d), or (e) of the Internal Revenue Code of 1954, or satisfactory evidence from the State that the non-revenue producing organization or entity is a non-profit one organized or doing business under State law, or a faith-based organization.

Review and Check All of the Following:

Applicant must review and check all of the following. (If Applicant is unable to check all of the following, Applicant is not an Eligible Entity):

- ☒ Applicant is not engaged in any illegal activity (as defined by Federal guidelines).
- ☒ No principal of the Applicant with a 50 percent or greater ownership interest is more than sixty (60) days delinquent on child support obligations.
- ☒ Applicant is not an agricultural enterprise (e.g., farm), other than an aquaculture enterprise, agricultural cooperative, or nursery.
- ☒ Applicant does not present live performances of a prurient sexual nature or derive directly or indirectly more than de minimis gross revenue through the sale of products or services, or the presentation of any depictions or displays, of a prurient sexual nature.

Example SBA Economic Injury Disaster Loan and Grant Application

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- ☒ Applicant does not derive more than one-third of gross annual revenue from legal gambling activities.
- ☒ Applicant is not in the business of lobbying.
- ☒ Applicant cannot be a state, local, or municipal government entity and cannot be a member of Congress.

If you have questions about this application or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or (TTY: 1-800-877-8339) DisasterCustomerService@sba.gov.

Continue >

SBA Office of Disaster Assistance | 1-800-659-2955 | 409 3rd St, SW, Washington, DC 20416
Privacy Policy: <https://www.sba.gov/about-sba/agency-information/privacy-policy>

Check-boxes completed in this example application are highlighted by filling out the selected box, and drawing a RED rectangle around the selection. All of these check-boxes are necessary to process the application. The selections were made as if this business was a for-profit S-corporation. Depending on your circumstances, your selections may differ from the selections in this example.

Example SBA Economic Injury Disaster Loan and Grant Application

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COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION


 DISCLOSURES


 BUSINESS INFORMATION


 BUSINESS OWNERS INFORMATION


 ADDITIONAL INFORMATION


 SUMMARY

Step 1 of 3 Business Information

Business Legal Name *

VT BUSINESS

Trade Name *

VT BUSINESS

EIN/SSN for Sole Proprietorship *

123456789

Organization Type *

S-Corporation

Is the Applicant a Non-Profit Organization? *

Yes ☐ No ☒

Is the Applicant a Franchise? *

Yes ☐ No ☒

Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) *

\$800,000

Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020) *

\$480,000

Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster

Non-Profit Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)

Combined Annual Operating Expenses for the Twelve(12) Months Prior to the Date of the Disaster (January 31, 2020) for All Secular Social Services Provided by the Faith Based Entity

List the Secular Social Services Provided by the Faith Based Entity

Compensation From Other Sources Received as a Result of the Disaster

The highlighted fields are the ones that will apply to most businesses, or are required to complete this form. Please read all of the fields, as some may apply to your business. Additional information is requested from Rental Property operators, non-profits, faith based organizations, and anyone who received other disaster compensation such as insurance settlements.

Example SBA Economic Injury Disaster Loan and Grant Application

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Provide Brief Description of Other Compensation Sources:

Primary Business Address (Cannot be P.O. Box) *

11 MAIN STREET

City *

BARRE

State

16 percent

Count

WASHINGTON

Time 2

2000

Business Plan - 4

(000) 000 0000

Alternative Business Plan

Business Fax

Business Email *

OWNER@VTBUSINESS.COM

Date Business Established *

01/01/2018

Current Ownership Since *

01/01/2018

Business Activity

Personal Services

Detailed Business Activity*

None of the below

Number of Employees (As of January 31, 2020) :

6

For this program, the SBA measures the number of employees as the total number of individuals on payroll, regardless of hours worked. A number of CARES Act programs use other measures of headcount, so the number of employees you report may vary.

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COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION



DISCLOSURES



BUSINESS INFORMATION



BUSINESS OWNERS INFORMATION



ADDITIONAL INFORMATION



SUMMARY

Step 2 of 5

Business Owners Information

Is Your Business Owned by a Business Entity? *

Yes ☒ No

Individual Owner/Agent(s)

Owner/Agent 1

First Name *

CHRISTINE

Last Name *

COOWNER

Mobile Phone *

(802)-000-0000

Title / Office *

CEO

Ownership Percent *

50

Email *

OWNER@VTBUSINESS.COM

SSN *

008-00-0000

Birth Date *

01/01/1970

Place Of Birth *

BARRE, VT

U.S. Citizen *

☒ Yes ☐ No

Residential Street Address *

15 MAIN STREET

City *

Example SBA Economic Injury Disaster Loan and Grant Application

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WASHINGTON

State *

Vermont

Zip *

05675

Owner/Agent 2

First Name *

DAVID

Last Name *

COOWNER

Mobile Phone *

(802)-000-0000

Title / Office *

CFO

Ownership Percent *

40

Email *

COOWNER@VTBUSINESS.COM

SSN *

009-00-0000

Birth Date *

01/01/1975

Place Of Birth *

BARRE, VT

U.S. Citizen *

☒ Yes ☐ No

Residential Street Address *

7 MAIN STREET

City *

CALAIS

State *

Vermont

Zip *

05648

X Remove Owner

Add Additional Owner

< Back


Next >

If your business is owned by more than one person, you can use this button to add fields for additional owners.

Example SBA Economic Injury Disaster Loan and Grant Application

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BUSINESS OWNERS INFORMATION

ADDITIONAL INFORMATION

SUMMARY

Step 3 of 3

Additional Information

In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?

Yes ☐ No ☒

Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?

Yes ☐ No ☒

a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction?

b. Have you been arrested in the past six months for any criminal offense?

c. For any criminal offense - other than a minor vehicle violation - have you ever been convicted, plead guilty, plead no contest, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)?

Yes ☐ No ☒

If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must enter their information below.

Individual Name

Name of Company

Phone Number

Street Address, City, State, Zip

Fee Charged or Agreed Upon

I give permission for SBA to discuss any portion of this application with the representative listed above.

Yes ☐ No ☐

You must click this box to receive the EIDL Advance (which does not need to be repaid even if you are not approved for the loan). The current guidance is that the maximum advance is \$10,000, but the loans may be limited to \$1,000 per employee as of 1/31/20.

☒ I would like to be considered for an advance of up to \$10,000.

Example SBA Economic Injury Disaster Loan and Grant Application

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Where to Send Funds

Bank Name *

VERMONT BANK

Account Number *

000000000

Routing Number *

000000000

On behalf of the individual owners identified in this application and for the business applying for the loan:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application and for the SBA to obtain credit information about the individuals completing this application.

If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds. I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan.

I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying me of the availability of such assistance.

I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I/We have not paid anyone connected with the Federal government for help in getting this loan.

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to: 1) fines and imprisonment, or both, under 15 U.S.C. 645, Claims Act, 31 U.S.C. 3729; 2) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

☒ I hereby certify UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES that the above is true and correct.

[Click for additional statements required by laws and executive orders](#)

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Example SBA Economic Injury Disaster Loan and Grant Application

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OMB Control #3245-0406
Expiration Date:
09/30/2020

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DISCLOSURES

BUSINESS INFORMATION

BUSINESS OWNERS INFORMATION

ADDITIONAL INFORMATION

SUMMARY

Summary

Business Information

Edit

Business Legal Name
VT BUSINESS

Trade Name
VT BUSINESS

EIN/SSN for Sole Proprietorship
123456789

Organization Type
S-Corporation

Is the Applicant a Non-Profit Organization?
No

Is the Applicant a Franchise?
No

Gross Revenues for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)
\$800,000.00

Cost of Goods Sold for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)
\$480,000.00

Rental Properties (Residential and Commercial) Only - Lost Rents Due to the Disaster
Non-Profit, Cost of Operation for the Twelve(12) Month Prior to the Date of the Disaster (January 31, 2020)
Combined Annual Operating Expenses for the Twelve(12) Months Prior to the Date of the Disaster (January 31, 2020) for All Secular Social Services Provided by the Faith Based Entity

List the Secular Social Services Provided by the Faith Based Entity
Compensation From Other Sources Received as a Result of the Disaster
Provide Brief Description of Other Compensation Sources

Primary Business Address (Cannot Be P.O. Box)
11 MAIN STREET

City
BARRE

State
Vermont

County
WASHINGTON

ZIP
05641

Business Phone
(802)-000-0000

Alternative Business Phone

Example SBA Economic Injury Disaster Loan and Grant Application

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Birth Date
01/01/1975

Place Of Birth
BARRE, VT

U.S. Citizen
Yes

Residential Street Address
7 MAIN STREET

City
CALAIS

State
Vermont

Zip
05648

Additional Information

Edit

In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?
No

Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?
No

a. Are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction? b. Have you been arrested in the past six months for any criminal offense? c. For any criminal offense - other than a minor vehicle violation - have you ever been convicted, plead guilty, plead nolo contendere, been placed on pretrial diversion, or been placed on any form of parole or probation (including probation before judgment)?
No

Individual Name

Name of Company

Phone Number

Street Address, City, State, Zip

Fee Charged or Agreed Upon

I give permission for SBA to discuss any portion of this application with the representative listed above.

I'm not a robot

hCAPTCHA
Privacy - Terms


✓ Submit

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 U.S. Small Business Administration

OMB Control #3247-0406
Expiration Date: 09/30/2020

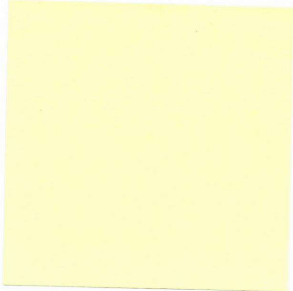
Disaster Loan Assistance
Federal Disaster Loans for Businesses, Private Non-profits, Homeowners and Renters

COVID-19 ECONOMIC INJURY DISASTER LOAN APPLICATION

Application Submitted

Your application number is
330001 

You will be notified through the email address you submitted.
Information needed once your application has been processed.
Please write down your application number or print this page for your records.



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1/1

Once you're application is completed and submitted correctly, you will receive an application number (*this one is obviously redacted for privacy*).

PRINT OR SAVE THIS PAGE.

Your initial EIDL application is complete. You can expect to see your grant deposit (# of employees times \$1,000) in 5 – 10 days.

More information will be required in order to establish your loan amount and close the loan. The SBA will contact you by email.

PPP / EIDL PROGRAMS – HOW TO APPLY

PREPARING A PPP LOAN APPLICATION:

In order to prepare your PPP loan application, you'll need the following;

- A copy of your latest (2019 or 2018) income tax return.
- A copy of your 2019 Form W-3.
- Copies of your 2019 Forms W-2.
- Copies of your 2019 Form 940 and 2019 Forms 941 (Four Reports – One Per Quarter).
- Copies of your 2019 Vermont Department of Labor Forms C-101 (State Unemployment/SUTA – One Per Quarter. Note that in Vermont, only SUTA is an eligible cost, **NOT** Vermont income tax withholding.
- A check register or other printout of **EMPLOYER PAID** Group Health Benefits (Insurance, HSA Contributions, Dental). Your lender *may* require invoices and / or cancelled checks.
- A check register or other printout of **EMPLOYER PAID** Retirement Benefits paid through a qualified plan. Your lender *may* require invoices and / or cancelled checks.
- An SBA Borrower Form, found at the link below.

<https://www.sba.gov/sites/default/files/2020-04/PPP-Borrower-Application-Form-Fillable.pdf>

PPP / EIDL PROGRAMS – HOW TO APPLY

Before you begin your application, go to the Vermont Secretary of State webpage <https://sos.vermont.gov/> and make sure your corporation or limited liability company is in good standing and has not lapsed or been terminated.

If your business has lapsed or been terminated, there is an online option to bring your registrations current.

Your application and loan cannot be completed by your lender unless your business is in good standing.

An example of a search showing that an entity is in good standing appears on the right of this slide.

Now we're ready to begin....*almost*.

4/15/2020 Corporations Division

VERMONT Secretary of State CORPORATIONS DIVISION

This information page can be printed from the Secretary of State Business Inquire tool. Bankers are required to verify your business, so including this form with your application may reduce processing time.

Business Information

Business Details

Business Name:	VT BUSINESS	Business ID:	0000000
Business Type:	Domestic Profit Corporation	File #:	V00000
		Business Status:	Active
Corporation Subtype:	General Professional Corporation		
Date of Incorporation / Registration Date:	01/01/2018		
Business Description:	Not Available		
Principal Office Business Address:	11 MAIN STREET, BARRE, VT, 05641, USA	Fiscal Year Month:	12
Citizenship / Domestic Jurisdiction:	Domestic/VT	Principal Office Mailing Address:	11 MAIN ST, BARRE, VT, 05641, USA
Last Report Filed:	01/01/2020	Last Annual Report Year:	2019
		Next Filing Due Date:	01/01/2021

Principals Information

Name/Title:	Physical Address:
CHRISTINE COOWNER/President	11 MAIN ST, BARRE, VT, 05641, USA
DAVID COOWNER/Vice President	11 MAIN STREET, BARRE, VT, 05641, USA

[View All Principals](#)

Registered Agent Information

Name:	CHRISTINE COOWNER
Physical Address:	11 MAIN ST, BARRE, VT, 05641, USA
Mailing Address:	11 MAIN ST, BARRE, VT, 05641, USA
Agent Type:	Individual Person

Trade Name Information

No Trade Name(s) associated to this business.

[Back](#) [Filing History](#) [Name History](#) [Share](#) [Return to Search](#)

PPP / EIDL PROGRAMS – HOW TO APPLY

IMPORTANT TO NOTE: PPP LOANS ARE A TWO A TWO STEP PROCESS:

STEP ONE – APPLY FOR A PPP LOAN (WHAT WE'RE DOING NOW).

STEP TWO – APPLY FOR FORGIVENESS OF A CERTAIN LOAN AMOUNT. Generally speaking, an Applicant can request loan forgiveness equal to eight weeks of payroll costs (immediately following the date of disbursement), plus other qualified business expenses (such as utilities, rent and interest). There are reductions in forgiveness based upon reductions in FTE's and reductions in wages for employees earning under \$100,000.00. In addition, the forgiveness of “other expenses” cannot be more than 25% of the total forgiveness amount. While it's certainly possible to *estimate* the amount of forgiveness when applying for the loan, it is impossible to accurately calculate the forgiveness, simply because the “forgiveness period” is an eight week period that hasn't occurred yet.

Applying for forgiveness is a process that will require an additional submission to your lender after the expiration of your forgiveness period. While it's important to understand the forgiveness parameters and calculate a reasonable estimate, you cannot accurately calculate the forgiveness amount at the time you apply for the loan.

We will be conducting an additional town hall to discuss loan forgiveness at a later date and will issue additional guidance as it becomes available.

PPP / EIDL PROGRAMS – HOW TO APPLY

This is Page 1 of the SBA PPP Application.


We'll come back to this later on.

Note the “Average Monthly Payroll” field here.

The “Average Monthly Payroll” figure times 2.5 determines the PPP loan that you're eligible for. For example, if your calculated “average monthly payroll” is \$40,525, you would be eligible for a \$101,312 (\$40,525 x 2.5) loan.

It's important to note that this is not simply “one month's wages” and needs to be calculated.

In the next slide, we'll show you how to calculate your average monthly payroll for purposes of your PPP loan.

 **Paycheck Protection Program
Borrower Application Form** OMB Control No.: 3245-0407
Expiration Date: 09/30/2020

Check One: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input checked="" type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Independent contractor <input type="checkbox"/> Eligible self-employed individual <input type="checkbox"/> 501(c)(3) nonprofit <input type="checkbox"/> 501(c)(19) veterans organization <input type="checkbox"/> Tribal business (sec. 31(b)(2)(C) of Small Business Act) <input type="checkbox"/> Other		DBA or Tradename if Applicable	
Business Legal Name			
Business Address		Business TIN (EIN, SSN)	Business Phone
11 Main Street		12-3456789	802 xxx XXXX
Barre, VT 05641		Primary Contact	Email Address
		Christine Coowner	OWNER@VTBUSINESS.com

Average Monthly Payroll:	\$ 40,525	x 2.5 = EIDL, Not of Advance (if Applicable):	\$ 101,312	Number of Employees:	6
Purpose of the loan (select more than one): <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Lease / Mortgage Interest <input type="checkbox"/> Utilities <input type="checkbox"/> Other (explain):					

Applicant Ownership
List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Christine Coowner	President	60	See Attn.	See Owner Info Attachment
David Coowner	Treasurer	40	See Attn.	See Owner Info Attachment

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → CC DC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → CC DC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1

PPP / EIDL PROGRAMS – HOW TO APPLY

How To Calculate “Average Monthly Payroll”

A link to this worksheet can be found here:

<https://accd.vermont.gov/content/ppp-application-worksheet>

- 1) In most cases, this number will be the number reflected in “Box 5” of your 2019 Form W-3.
- 2) Salaries and wages are limited to \$100,000.00 for any one employee. Reduce your gross wages by the excess of each employee earning over \$100,000.00 or by the total wages paid to non-U.S Residents.
- 3) Enter any **EMPLOYER** paid group health insurance benefits. This includes health insurance, dental insurance and HSA contributions.
- 4) Enter any **EMPLOYER** paid group retirement benefits.
- 5) Enter your 2019 State Unemployment Contributions (SUTA)


The resulting total is your “Average Monthly Payroll”.

Enter this number in the “Average Monthly Payroll” field on your SBA PPP loan application.

2.5 times this amount is your loan amount.

VT Business - 12-3456789				
SBA PAYROLL PROTECTION LOAN WORKSHEET				
	<u>2019</u>			<u>AVERAGE MONTHLY</u>
CALCULATION OF MAXIMUM LOAN AMOUNT:				
Salaries, wages, commissions, vacation, sick pay, bonuses, and severance:				
	1 480,000.00	/ 12		40,000.00
Wages in excess of \$100,000.00:				
Brenda B.	2 (20,000.00)	/ 12		(1,666.67)
Christine Coowner	(40,000.00)	/ 12		(3,333.33)
Wages paid to non-US Residents				
N/A	-	/ 12		-
Salaries, wages, commissions, vacation and sick pay				35,000.00
Group health insurance (Employer paid)	3 50,920.00	/ 12		4,243.33
Group retirement benefits (Employer paid)	14,500.00	4 / 12		1,208.33
State unemployment taxes (Employer paid)	5 875.00	/ 12		72.92
Self-Employment Income not to exceed \$100k	-	/ 12		-
Average Monthly Payroll - Sub-Total				40,524.58
				X 2.5
Calculated Loan Amount				101,311.45
LOAN AMOUNT REQUESTED				101,311.45
DOCUMENTS ATTACHED TO THIS APPLICATION				
Applicants 2019 Income Tax Return				
2019 Forms 940, 941, W-3 and W-2				
Proof of group health benefits paid				
Proof of group retirement benefits paid				
Proof of state unemployment taxes paid				

PPP / EIDL PROGRAMS – HOW TO APPLY

 **Paycheck Protection Program Borrower Application Form** OMB Control No.: 3245-0407 Expiration Date: 09/30/2020

Check One: ☐ Sole proprietor ☐ Partnership ☐ C-Corp ☒ S-Corp ☐ LLC
☐ Independent contractor ☐ Eligible self-employed individual
☐ 501(c)(3) nonprofit ☐ 501(c)(19) veterans organization
☐ Tribal business (sec. 31(b)(2)(C) of Small Business Act) ☐ Other

Business Legal Name
 VT Business
Business Address
 11 Main Street
 Barre, VT 05641

DBA or Tradename if Applicable
 12-3456789 802 xxx xxxx
Primary Contact **Email Address**
 Christine Coowner OWNER@VTBUSINESS.COM

Average Monthly Payroll: \$ 40,525 x 2.5 = EIDL Net of Advance (if Applicable) Equals Loan Request: \$ 101,312 **Number of Employees:** 6

Purpose of the loan (select more than one): ☒ Payroll ☐ Lease / Mortgage Interest ☐ Utilities ☐ Other (explain):

Applicant Ownership
 List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Christine Coowner	President	60	See Attach.	See Owner Info Attachment
David Coowner	Treasurer	40	See Attach.	See Owner Info Attachment

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>


If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → CC DG	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → CC DG	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SBA Form 2483 (04/20)

EXAMPLE PAYCHECK PROTECTION LOAN APPLICATION and SUPPORTING SCHEDULES

Page 1 of 50

 **Paycheck Protection Program Borrower Application Form**

By Signing Below, You Make the Following Representations, Authorizations, and Certifications

CERTIFICATIONS AND AUTHORIZATIONS
 I certify that:

- I have read the statements included in this form, including the Statements Required by Law and Executive Orders, and I understand them.
- The Applicant is eligible to receive a loan under the rules in effect at the time this application is submitted that have been issued by the Small Business Administration (SBA) implementing the Paycheck Protection Program under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (the Paycheck Protection Program Rule).
- The Applicant (1) is an independent contractor, eligible self-employed individual, or sole proprietor or (2) employs no more than the greater of 500 or employees or, if applicable, the size standard in number of employees established by the SBA in 13 C.F.R. 121.201 for the Applicant's industry.
- I will comply, whenever applicable, with the civil rights and other limitations in this form.
- All SBA loan proceeds will be used only for business-related purposes as specified in the loan application and consistent with the Paycheck Protection Program Rule.
- To the extent feasible, I will purchase only American-made equipment and products.
- The Applicant is not engaged in any activity that is illegal under federal, state or local law.
- Any loan received by the Applicant under Section 7(b)(2) of the Small Business Act between January 31, 2020 and April 3, 2020 was for a purpose other than paying payroll costs and other allowable uses loans under the Paycheck Protection Program Rule.

For Applicants who are individuals: I authorize the SBA to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for programs authorized by the Small Business Act, as amended.

CERTIFICATIONS
 The authorized representative of the Applicant must certify in good faith to all of the below by **initialing** next to each one:

CC DG The Applicant was in operation on February 15, 2020 and had employees for whom it paid salaries and payroll taxes or paid independent contractors, as reported on Form(s) 1099-MISC.

CC DG Current economic uncertainty makes this loan request necessary to support the ongoing operations of the Applicant.

CC DG The funds will be used to retain workers and maintain payroll or make mortgage interest payments, lease payments, and utility payments, as specified under the Paycheck Protection Program Rule. I understand that if the funds are knowingly used for unauthorized purposes, the federal government may hold me legally liable, such as for charges of fraud.

CC DG The Applicant will provide to the Lender documentation verifying the number of full-time equivalent employees on the Applicant's payroll as well as the dollar amounts of payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities for the eight-week period following this loan.

CC DG I understand that loan forgiveness will be provided for the sum of documented payroll costs, covered mortgage interest payments, covered rent payments, and covered utilities, and not more than 25% of the forgiven amount may be for non-payroll costs.

CC DG During the period beginning on February 15, 2020 and ending on December 31, 2020, the Applicant has not and will not receive another loan under the Paycheck Protection Program.

CC DG I further certify that the information provided in this application and the information provided in all supporting documents and forms is true and accurate in all material respects. I understand that knowingly making a false statement to obtain a guaranteed loan from SBA is punishable under the law, including under 18 USC 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 18 USC 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a federally insured institution, under 18 USC 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000.

CC DG I acknowledge that the lender will confirm the eligible loan amount using required documents submitted. I understand, acknowledge and agree that the Lender can share any tax information that I have provided with SBA's authorized representatives, including authorized representatives of the SBA Office of Inspector General, for the purpose of compliance with SBA Loan Program Requirements and all SBA reviews.

Signature of Authorized Representative of Applicant _____ Date 04/13/2020
 Christine Coowner _____ President
 Print Name _____ Title

SBA Form 2483 (04/20)

EXAMPLE PAYCHECK PROTECTION LOAN APPLICATION and SUPPORTING SCHEDULES

Page 2 of 50

PPP / EIDL PROGRAMS – HOW TO APPLY

Note: On the SBA form, these fields do not format correctly. It's necessary to attach an additional, user created form (as depicted below) to provide the owner information.

VT Business - 12-3456789 SBA PAYROLL PROTECTION LOAN OWNER INFORMATION ATTACHMENT

Owner Information Attachment

Note the owners listed below are also listed on the face of the Paycheck Protection Program Application

Owner Name	Ownership %	TIN (EIN or SSN)	Address
Christine Coowner	60.00%	008-xx-xxxx	15 Main Street, Washington, VT 05675
David Coowner	40.00%	009-xx-xxxx	7 Main Street Calais, VT 05648

As the owner information fields on page 1 of the PPP application are small, and many Tax ID Numbers (TINs) and Addresses are not legible when entered, attaching a separate sheet with owner information is recommended.

Paycheck Protection Program Borrower Application Form

OMB Control No.: 3245-0407
Expiration Date: 09/30/2020

Check One: ☐ Sole proprietor ☐ Partnership ☐ C-Corp ☒ S-Corp ☐ LLC
☐ Independent contractor ☐ Eligible self-employed individual
☐ 501(c)(3) nonprofit ☐ 501(c)(19) veterans organization
☐ Tribal business (sec. 31(b)(2)(C) of Small Business Act) ☐ Other

DBA or Tradename if Applicable

Business Legal Name
VT Business

Business Address
11 Main Street
Barre, VT 05641

Business TIN (EIN, SSN)
12-3456789

Business Phone
802 XXX XXXX

Primary Contact
Christine Coowner

Email Address
OWNEH@VTBUSINESS.com

Average Monthly Payroll: \$ 40,525 x 2.5 = EIDL, Net of Advance (if Applicable) \$ 101,312 Number of Employees: 6

Purpose of the loan (select more than one): ☒ Payroll ☐ Lease / Mortgage Interest ☐ Utilities ☐ Other (explain):

Applicant Ownership
List all owners of 20% or more of the equity of the Applicant. Attach a separate sheet if necessary.

Owner Name	Title	Ownership %	TIN (EIN, SSN)	Address
Christine Coowner	President	60	See Attch.	See Owner Info Attachment
David Coowner	Treasurer	40	See Attch.	See Owner Info Attachment

If questions (1) or (2) below are answered "Yes," the loan will not be approved.

Question	Yes	No
1. Is the Applicant or any owner of the Applicant presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any Federal department or agency, or presently involved in any bankruptcy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Has the Applicant, any owner of the Applicant, or any business owned or controlled by any of them, ever obtained a direct or guaranteed loan from SBA or any other Federal agency that is currently delinquent or has defaulted in the last 7 years and caused a loss to the government?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Is the Applicant or any owner of the Applicant an owner of any other business, or have common management with, any other business? If yes, list all such businesses and describe the relationship on a separate sheet identified as addendum A.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Has the Applicant received an SBA Economic Injury Disaster Loan between January 31, 2020 and April 3, 2020? If yes, provide details on a separate sheet identified as addendum B.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If questions (5) or (6) are answered "Yes," the loan will not be approved.

Question	Yes	No
5. Is the Applicant (if an individual) or any individual owning 20% or more of the equity of the Applicant subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, or on probation or parole? Initial here to confirm your response to question 5 → CC DG	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Within the last 5 years, for any felony, has the Applicant (if an individual) or any owner of the Applicant 1) been convicted; 2) pleaded guilty; 3) pleaded nolo contendere; 4) been placed on pretrial diversion; or 5) been placed on any form of parole or probation (including probation before judgment)? Initial here to confirm your response to question 6 → CC DG	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the United States the principal place of residence for all employees of the Applicant included in the Applicant's payroll calculation above?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Is the Applicant a franchise that is listed in the SBA's Franchise Directory?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SBA Form 2483 (04/20)

PPP / EIDL PROGRAMS – HOW TO APPLY

AT THIS POINT, YOUR CALCULATIONS ARE COMPLETE

ASSEMBLE YOUR LOAN PACKAGE

- THE SIGNED, TWO PAGE SBA LOAN APPLICATION
 - THE OWNER INFORMATION
- YOUR “AVERAGE MONTHLY PAYROLL” CALCULATION
 - A COPY OF YOUR 2019 W-3
 - A COPY OF YOUR 2019 FORMS W-2
- A SCHEDULE(S) OF YOUR MONTHLY EMPLOYER PAID GROUP HEALTH BENEFITS PAID
- A SCHEDULE OF YOUR MONTHLY EMPLOYER PAID GROUP RETIREMENT BENEFITS PAID
- A COPY OF YOUR 2019 VERMONT UNEMPLOYMENT FORMS (C-101 – ALL FOUR QUARTERS)
 - A COPY OF YOUR MOST RECENTLY FILED U.S. INCOME TAX RETURN
 - A COPY OF YOUR 2019 U.S. FORM 940
- COPIES OF YOUR 2019 U.S. FORM 941's (FOUR QUARTERS)

FORWARD THE ENTIRE PACKET TO YOUR LENDER. WE FORWARD THE DOCUMENTS IN ONE PDF FILE

PPP / EIDL PROGRAMS – HOW TO APPLY

ESTIMATING LOAN FORGIVENESS

Your eight week measurement period begins on the day you receive your loan proceeds.

In this example, the business paid \$67,540.83 in payroll costs (as defined previously) during the eight week period. Note that this cannot include any payroll for any employee greater than \$15,385 (\$100,000 per year).

In this example, the business also paid \$15,000 in rent, \$2,000 in utilities and \$600 in interest during the eight week period.

The total *potential* forgiveness is \$85,140.83.

Because this employer only maintained 83.3% of their FTE's (as compared to January 1, 2020 through February 29, 2020), the total potential forgiveness is multiplied by .833, reducing the amount forgiven to \$70,950.69.

ESTIMATED LOAN FORGIVENESS:* 6

For The Eight (8) Week Period Following Loan Origination:

Payroll costs (as defined above)	67,540.83
Rent	15,000.00
Utilities	2,000.00
Interest (No Principal)	600.00
Total Expenditures Eligible for Forgiveness	85,140.83
Percentage of Employees retained	83.3%
Percentage of Employees > 25% pay reduction	-
Excess Non-Payroll Cost Reduction	-
Forgiveness Percentage	83.3%
Estimated Forgiveness	70,950.69
Estimated Loan Balance	30,360.76

6

* - This is an estimate, actual loan forgiveness request will follow.

PPP / EIDL PROGRAMS – HOW TO APPLY

SOME ADDITIONAL FORGIVENESS RULES

Test 1. 75 percent of the forgiveness amount must be spent on payroll costs. The remaining 25 percent may be utilized for mortgage interest, rent and certain utilities. If payroll costs do not equal 75 percent, the forgiveness amount is reduced.

Test 2. You must compare the average full-time equivalent employees (FTEs) during the eight-week period to the average FTEs from February 15, 2019 through June 30, 2019, or January 1, 2020 through February 29, 2020, depending on seasonality. If the number of FTE's are reduced (as in our previous example), the forgiveness is reduced.

Test 3. If there is more than a 25 percent reduction in salary and/or wages for any individual employee from the eight-week covered period in comparison to pay during the first quarter of 2020, this triggers a reduction in forgiveness. This test does not apply to employees making more than \$100,000.00.

There is a provision for rehiring which may negate the impact of tests two and three if:

Any reduction to FTEs was made from February 15, 2020 through April 26, 2020, and the FTE count was restored to February 15, 2020 levels **on or before June 30, 2020**; or

Any reduction to salaries or wages of one or more employees was made from February 15, 2020 through April 26, 2020, and the reduction was eliminated **by June 30, 2020** to February 15, 2020 levels; or

Elimination of the reductions from both tests 2 and 3: Rectify reductions in both FTEs and salaries/wages per the above.

PPP / EIDL PROGRAMS – HOW TO APPLY

LINKS

SAMPLE EIDL APPLICATION:

<https://accd.vermont.gov/sites/accdnew/files/documents/SBA-Example-EIDL-Application.pdf>

SAMPLE PPP LOAN APPLICATION:

<https://accd.vermont.gov/sites/accdnew/files/documents/PPP-Example-Application.pdf>

PPP LOAN APPLICATION WORKSHEET:

<https://accd.vermont.gov/content/ppp-application-worksheet>

PPP LOAN FORGIVENESS WORKSHEET (STEP TWO):

<https://accd.vermont.gov/content/ppp-forgiveness-worksheet>

THIS POWERPOINT PRESENTATION:

<https://accd.vermont.gov/sites/accdnew/files/documents/SBA-PPP-EIDL-Application-Process.pdf>

QUESTIONS?